



**WEST
CENTRAL**

Legal Services, PA

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SELLER INFORMATION SHEET

Property Address _____	
SELLER 1	SELLER 2
Full Name _____ ✓	Full Name _____
Marital Status: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female OR Entity Type: <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> Corp <input checked="" type="checkbox"/> Trust	Marital Status: <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female OR Entity Type: <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Trust
Telephone _____	Telephone _____
Email _____	Email _____
Social/TIN _____	Social/TIN _____
Forwarding Address _____	

If the seller is an entity, in which **STATE** was it formed? _____

Where would you/the signer like to sign?

☐ WCLS Office

☐ Mail Away

☐ RON (Request Quote)

☐ Other location (Notary fee may apply) _____

Are you a **Foreigner (not a Resident of the U.S.)**? ☐ Yes ☐ No

PLEASE NOTE: *If you are a Foreigner F I R P T A WITHHOLDING may apply. We will advise what additional documentation may be needed so there is no delays with your closing.*

Does the seller have an Attorney? ☐ Yes ☐ No

If yes, please provide the following:

Name _____

Address _____

Phone # _____ Email _____

WHAT TYPE OF PROPERTY IS THIS?

☐ Single Family

☐ Condominium

☐ Duplex/Triplex/Multifamily

☐ Commercial

Is the property you are selling your **HOMESTEAD**? ☐ Yes ☐ No

Is there a **SEPTIC TANK SYSTEM** installed on it? *[Miami-Dade Only]* ☐ Yes ☐ No

Is there an assigned parking space/garage or storage unit? ☐ Yes ☐ No

If yes, please provide the following:

Assigned Garage/Parking Space # _____ Assigned Storage Unit # _____

A COPY OF ALL SELLERS DRIVER LICENSE(S) WILL BE REQUIRED, please include DL when returning this form

TENANT

Is there a tenant occupying this property? ☐ Yes ☐ No

If yes, please send us a copy of the lease (**a *tenant estoppel will be needed***)

Monthly Rent \$ _____ Security Deposit \$ _____ Last Month's Rent \$ _____

Will the **seller** be occupying this property after the closing date? ☐ Yes ☐ No

MORTGAGE INFO (information **MUST** be provided to obtain a payoff)

1st Mortgage/HELOC Lender Name _____ Account Number _____
Telephone Number _____

2nd Mortgage/HELOC Lender Name _____ Account Number _____
Telephone Number _____

HOA/CONDO INFORMATION

Name _____
Address _____
Phone # _____ Email _____

Is there a 2nd Association or a Master Association? ☐ Yes ☐ No

If yes, please provide the following:

Name _____
Address _____
Phone # _____ Email _____

LISTING AGENT

Brokerage Company _____
Address _____ FL License ID _____
Agent Name _____ Agents FL License ID _____
Phone # _____ Email _____
Commission _____ %
Processing Fee \$ _____

Document ID: 7bc36745-5859-4df7-ac8c-66445511eccc

Title : WCLS Info sheet - Seller Fillable.pdf

Event	Email	IP Address
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